

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>1/12/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	8	<i>02-06-00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>600/26</i>	<i>2/2/00</i>
RESPONSE FORMALITY REVIEW			

3/31/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	6-19-03
2	9-15-02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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